

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FEE CHARGE WITH FORM PTO-875)

SERIAL NUMBER

APPLICANT(S)

FILING DATE

	CLAIMS											
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
2							52					
3							53					
4							54					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	18											
TOTAL DEP.	18											
TOTAL CLAIMS	22											